

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14247 (3)

1. Corporation Name
PALM SHORES ASSOCIATION, INC.



Principal Place of Business 109 LILY DR RT 3 BOX 402 X INTERLACHEN FL 32148 US XXXXX	Mailing Address RT 3 BOX 402 X RT 3 BOX 402 X INTERLACHEN FL 32148 US XXXXX
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2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 535	26 P.O. Box 535
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Interlachen, Fl	28 City & State Interlachen, Fl
24 Zip 32148	29 Zip 32148
25 Country US	30 Country US

3. Date Incorporated or Qualified 03/13/1986	3a. Date of Last Report 02/01/1995
4. FEI Number 59-2647566	Applied For (N/A)
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RENE ST. SAUVEUR X
103 BIRDYORK
INTERLACHEN FL 32148 X

10. Name and Address of New Registered Agent

81 Name
Dorothy A. Jones

82 Street Address (P.O. Box Number is Not Acceptable)
101 Lilly Drive

83 **P.O. Box 535**

84 City
Interlachen

85 State
FL

86 Zip Code
32148

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Dorothy A. Jones* Corporate Treasurer
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADSHAW, EDWARD	
STREET ADDRESS	410 ASH	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRIDEAU, LARRY	
STREET ADDRESS	157 PRIDGEON	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ST. SAUVEUR, RENE	
STREET ADDRESS	RT-3 BOX 402 103 LILY	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAGLEAN, EARL	
STREET ADDRESS	110 VELVET ST.	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	QUINDON, BRUCE	
STREET ADDRESS	105 WARD	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENKE, FRANK	
STREET ADDRESS	102 LILY DR.	
CITY-ST-ZIP	INTERLACHEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Larry Brideau	
13 STREET ADDRESS	157 Pridgeon	
14 CITY-ST-ZIP	Interlachen, Fl 32148	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Michael Bruccoliere	
23 STREET ADDRESS	114 Boll Green Drive	
24 CITY-ST-ZIP	Interlachen, Fl 32148	
31 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Dorothy A. Jones	
33 STREET ADDRESS	101 Lilly Drive - P.O.Box 535	
34 CITY-ST-ZIP	Interlachen, Fl 32148	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Elsie Newcomb	
43 STREET ADDRESS	111 Winchester - P.O. Box 1197	
44 CITY-ST-ZIP	Interlachen, Fl 32148	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Earl MacClean	
53 STREET ADDRESS	110 Velvet St.	
54 CITY-ST-ZIP	Interlachen, Fl. 32148	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Ralph Nielsen	
63 STREET ADDRESS	106 Lilly Drive -Rt.3 Box 400	
64 CITY-ST-ZIP	Interlachen, Fl 32148	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy A. Jones* Date: 1-24-96 1-904-684-2036
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)

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3-7-96